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**CONFIRMATION NO. 9158**

<b>SERIAL NUMBER</b> 10/616,439	<b>FILING OR 371(c) DATE</b> 07/09/2003  <b>RULE</b>	<b>CLASS</b> 052	<b>GROUP ART UNIT</b> 3635	<b>ATTORNEY DOCKET NO.</b> ROSE-18					
<b>APPLICANTS</b> David E. Pitcher, Cambridge, MA; Thomas P. Burrous, Andover, MA; <div style="text-align: center; margin-top: 10px;"> <i>None</i> <i>ca</i> </div>									
<b>** CONTINUING DATA *****</b> <div style="text-align: center; margin-top: 10px;"> <i>None</i> <i>ca</i> </div>									
<b>** FOREIGN APPLICATIONS *****</b>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/02/2003</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after            met            Allowance            Verified and Acknowledged  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="border-bottom: 1px solid black; width: 15%; text-align: center;">Initials</div> </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>STATE OR COUNTRY</b>            MA         </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>SHEETS DRAWING</b>            7         </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>TOTAL CLAIMS</b>            20         </td> <td style="width: 10%; padding: 5px; text-align: center;"> <b>INDEPENDENT CLAIMS</b>            3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="border-bottom: 1px solid black; width: 15%; text-align: center;">Initials</div> </div>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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<b>ADDRESS</b> Donald N. Halgren 35 Central Street Manchester, MA 01944									
<b>TITLE</b> Pole for poster support attachment and removal									
<b>FILING FEE RECEIVED</b> 375	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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